

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1957

Registration District No.

273

Primary Registration District No.

5917

Registrar's No.

115

41387

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Marys TWP.

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Length of stay in lb

Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Perry

c. CITY

OR

TOWN St. Marys Twship

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location) Perryville R¹ 5

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Harley

B

Hicks

4. DATE

Month

Day

Year

DEATH

Oct

21

1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Sept 10 1886 71

9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.

last birthday) Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Perry Co. Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Benjamin Hicks

13b. MOTHER'S MAIDEN NAME

Maggie Counts

14. NAME OF HUSBAND OR WIFE

Anastasia Hicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Anastasia Hicks Perryville Rt 5 Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of gall bladder

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1552

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-12-57 to 10-21-57 and last saw him alive on 10-2-57

Death occurred at

8:00 p

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or title)

22b. ADDRESS

Perryville, Mo

22c. DATE SIGNED

10-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct 24 1957

23c. NAME OF CEMETERY OR CREMATORY

Whitewater

23d. LOCATION (City, town, or county)

Perry County Missouri

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

Oct 25-1957

26. REGISTRAR'S SIGNATURE

Joe J. Zeller

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.